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MEDICAL BOARD OF CALIFORNIA
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Robert Paul Zgliniec, M.D.** **12913 Avenida La Valencia** **Poway, CA 92064** **Physician's and Surgeon's Certificate No. C 35020,** Respondent.	Case No. 800-2017-030726 **A C C U S A T I O N**

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about May 7, 1973, the Medical Board issued Physician's and Surgeon's Certificate No. C 35020 to Robert Paul Zgliniec, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2020, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

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5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

". . .

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

". . . ."

6. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. C 35020 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

Patient A

9. Patient A first presented to Respondent in or around August 2009,[2] after having been incarcerated and having stayed at a psychiatric hospital in El Cajon, California.

10. Patient A's prior medical history included, but was not limited to, hearing impairment, chronic back pain with L5 radiculopathy,[3] lumbar surgery, 13 reported surgeries and a motor vehicle accident, left knee replacement, ORIF[4] at the left acetabulum[5] posteriorly, tobacco use, depression, hypertension,[6] dyslipidemia,[7] BPH[8] without obstruction, right plantar fasciitis[9] and an infected dog bite on his right forearm.

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[1] References to Patient A are used to protect patient privacy.

[2] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[3] Radiculopathy refers to a disease of the root of a nerve, such as from a pinched nerve or a tumor.

[4] ORIF (open reduction and internal fixation) is a type of surgery used to fix broken bones.

[5] Acetabulum is the deep, cup-shaped structure that encloses the head of the femur at the hip joint.

[6] Hypertension refers to high blood pressure.

[7] Dyslipidemia refers to abnormally elevated cholesterol or fats (lipids) in the blood.

[8] BPH (benign prostatic hyperplasia) refers to a common, non-cancerous enlargement of the prostate gland.

[9] Fasciitis is an inflammation of the fascia, which is the connective tissue surrounding muscles, blood vessels and nerves.

11. Between on or about July 20, 2012 through on or about January 25, 2016, Respondent prescribed various controlled substances to Patient A, including, but not limited to morphine sulfate,[10] temazepam,[11] and oxycodone hcl-acetaminophen.[12]

12. Patient A had a history of "misplaced" pain medications. On multiple occasions, Patient A made "early refill" requests. During the time Respondent prescribed controlled substances to Patient A, noted above, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests.

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[10] MS Contin® (morphine sulfate), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of pain that is severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 39.) The Federal Drug Administration has issued a black box warning for MS Contin® which warns about, among other things, addiction, abuse and misuse, and the possibility of life-threatening respiratory distress. The warning also cautions about the risks associated with concomitant use of MS Contin® with benzodiazepines or other central nervous system (CNS) depressants.

[11] Restoril® (temazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders. Concomitant use of Restoril® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Restoril®, as drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[12] Percocet® (oxycodone and acetaminophen), an opioid analgesic, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of moderate to moderately severe pain. The Drug Enforcement Administration has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The Federal Drug Administration has issued a black box warning for Percocet® which warns about, among other things, addiction, abuse and misuse, and the possibility of "life-threatening respiratory distress."

13. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

(a) While prescribing controlled substances to Patient A, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

14. Respondent has further subjected his Physician's and Surgeon's Certificate No. C 35020 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B,[13] C, and D as more particularly alleged herein.

(a) Paragraphs 8 through 13, above, are hereby incorporated by reference and realleged as if fully set forth herein.

Patient B

15. Respondent began treating Patient B around April 2011.[14] Patient B had a history of pneumothorax,[15] depression, melanoma,[16] hypertension, and alcohol dependence.

16. Between on or about August 18, 2012 through on or about December 2, 2013, Respondent prescribed Norco[17] to Patient A, on multiple occasions.

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[13] References to Patients A, B, C, and D are used in order to protect patient privacy.

[14] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[15] Pneumothorax refers to a collapsed lung.

[16] Melanoma refers to the most serious type of skin cancer.

[17] Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted

17. On or about July 26, 2011, Patient B presented to Respondent with neck pain, claiming that he had stopped drinking alcohol "forever." Patient B's x-rays showed mild grade 1 anterolisthesis[18] at C3-4, mild disc height loss of C5-6, and moderate at C6-7, mild neural foraminal narrowing[19] in the mid and lower cervical spine, old right clavicle[20] fracture, and old posterior right rib fracture. Respondent initiated low dose hydrocodone with acetaminophen and cyclobenzaprine.[21]

18. In December 2011, Patient B underwent a low anterior resection due to recurrent symptoms of diverticulitis[22] and a possible rupture.

19. In or around July 2013, Patient B's wife left for travel and Patient B resumed drinking alcohol.

20. On or about August 23, 2013, Patient B presented to another physician and surgeon with vomiting and alcoholism. Patient B was advised to taper his alcohol consumption and was prescribed Ativan.[23]

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medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

[18] Anterolisthesis is a spine condition in which the upper vertebral body, the drum-shaped area in front of each vertebrae, slips forward onto the vertebra below.

[19] Foraminal (Stenosis) is the narrowing of the cervical disc space caused by enlargement of a joint in the spinal canal.

[20] Clavicle or collarbone is a long bone that serves as a strut between the shoulder blade and the sternum or breastbone.

[21] Cyclobenzaprine is a muscle relaxant.

[22] Diverticulitis refers to an inflammation or infection in one or more small pouches in the digestive tract.

[23] Ativan® (lorazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code

21. On or about August 25, 2013, Patient B presented to an urgent care center and another physician and surgeon prescribed Libirum[24] for alcohol withdrawal.

22. On or about September 3, 2013, Patient B presented to Respondent. Patient B presented with anxious/fearful thoughts, depressed mood, difficulty concentrating, diminished interest or pleasure, easily startled, fatigue, feelings of invulnerability, loss of appetite, restlessness. According to Patient B, his depression was aggravated by alcohol use and conflict or stress.

23. During the time Respondent prescribed controlled substances to Patient B, noted above, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests.

Patient C

24. Patient C first presented to Respondent in or around January 2002.[25] Patient C's medical history included, but was not limited to, hypothyroidism,[26] breast cancer, hypertension, chronic fatigue syndrome, back pain, transient ischemic[27] attack, pulmonary

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section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for the short term relief of anxiety or anxiety associated with depressive symptoms. Concomitant use of Ativan® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Ativan®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[24] Librium (Chlordiazepoxide) is a sedative, which can be used to treat anxiety, alcohol withdrawal symptoms, and tremor.

[25] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[26] Hypothyroidism is a condition in which the thyroid gland is not able to produce enough thyroid hormone.

[27] Ischemia is a restriction in blood supply to tissues, causing a shortage of oxygen that is needed for cellular metabolism.

fibrosis,[28] dyslipidemia,[29] osteoporosis,[30] fibromyalgia,[31] partial hysterectomy,[32] mild right tibiofemoral compartment osteoarthrosis,[33] posterior fusion T10-12 with T12 corpectomy,[34] and multiple sclerosis.

25. Between on or about July 30, 2012 through on or about June 20, 2016, on multiple occasions, Respondent prescribed various controlled substances to Patient C, including, but not limited to, hydrocodone-bitratrate-acetaminpohen,[35] Lorazepam,[36] and

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[28] Pulmonary fibrosis is a lung disease that occurs when lung tissue becomes damaged and scarred.

[29] Dyslipidemia refers to abnormally elevated cholesterol or fats (lipids) in the blood.

[30] Osteoporosis is a condition in which bones become weak and brittle.

[31] Fibromyalgia is a disorder characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues.

[32] Hysterectomy is an operation to remove a woman's uterus.

[33] Osteoarthrosis is a type of arthritis that occurs when flexible tissue at the ends of bones wears down.

[34] Corpectomy is a surgical procedure that involves removing all or part of the vertebral body, usually as a way to decompress the spinal cord and nerves.

[35] Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

[36] Ativan® (lorazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for the short term relief of anxiety or anxiety associated with

oxycodone hcl.[37]

26. During the time Respondent prescribed controlled substances to Patient C, noted above, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests.

Patient D

27. Patient D first presented to Respondent in or around January 2010.[38] Patient D was diagnosed with chronic pain syndrome, obstructive sleep apnea,[39] vitamin D deficiency, colon polyps,[40] basal cell carcinoma[41] at right mid-back and left infraorbital rim, anxiety, hyperlipidemia,[42] sinus congestion, bronchospasm,[43] restless leg syndrome, ingrown toenail, and was a former smoker.

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depressive symptoms. Concomitant use of Ativan® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Ativan®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[37] Oxycodone HCL (OxyContin®) is a Schedule II controlled substances pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, Oxycodone HCL is used for the management of pain severe enough to require daily, around-the-clock, long term opioid treatment for which alternative treatment options are inadequate. The Drug Enforcement Administration (DEA) has identified oxycodone, as a drug of abuse. (Drugs of Abuse, A DEA Resource Guide (2011 Edition), at p. 41.) The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines or when prescribed to patients with pre-existing respiratory depression.

[38] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[39] Sleep apnea is a potentially serious sleep disorder in which breathing repeatedly stops and starts.

[40] Colon polyp is a small clump of cells that forms on the lining of the colon or rectum.

[41] Basal cell carcinoma is a type of skin cancer that begins in the basal cells.

[42] Hyperlipidemia is a condition in which there are high levels of fat particles (lipids) in the blood.

[43] Bronchospasm is a sudden constriction of the muscles in the walls of the bronchioles.

28. Between on or about February 25, 2014 through on or about May 2, 2016, Respondent prescribed various controlled substances to Patient D, including, but not limited to, hydrocodone bitartrate-acetaminophen,[44] alprazolam,[45] and acetaminophen-hydrocodone bitartrate.[46]

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[44] Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

[45] Xanax® (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Xanax®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[46] Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

29. During the time Respondent prescribed controlled substances to Patient D, noted above, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests.

30. Respondent committed repeated negligent acts in his care and treatment of Patients A, B, C, and D, which included, but were not limited to, the following:

(a) Paragraphs 8 through 27, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) During the time Respondent prescribed controlled substances to Patient A, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests;

(c) During the time Respondent prescribed controlled substances to Patient B, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests;

(d) During the time Respondent prescribed controlled substances to Patient C, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests; and

(e) During the time Respondent prescribed controlled substances to Patient D, Respondent failed to utilize and/or failed to document having utilized random urine toxicology tests.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

31. Respondent has further subjected his Physician's and Surgeon's Certificate No. C 35020 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patients A, B, C, and D, as more particularly alleged in paragraphs 8 through 30, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

32. Respondent has further subjected his Physician's and Surgeon's Certificate No. C 35020 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 31, above, which are hereby incorporated by reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 35020, issued to Robert Paul Zgliniec, M.D.;

2. Revoking, suspending or denying approval of Robert Paul Zgliniec, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Robert Paul Zgliniec, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: August 14, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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